DOCUMENT RESUME

ED 239 151 CG 017 195

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TITLE Imposing a Termination Date: An Approach Based on Counterdependency.
PUB DATE Aug 83
NOTE 15p.; Paper presented at the Annual Convention of the American Psychological Association (91st, Anaheim, CA, August 26-30, 1983).
PUB TYPE Viewpoints (120) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Counseling Effectiveness; Counseling Objectives; Counselor Client Relationship; *Counselor Role; Mental Health; Opinion Papers; *Psychotherapy; *Termination of Treatment
IDENTIFIERS *Separation Anxiety; *Short Term Counseling

ABSTRACT

Short-term therapy is effective by focusing the therapy and employing an interactive style. However, the imposition of an arbitrary termination date appears to be an overreaction and overcorrection to drawbacks of classical psychotherapy. According to Mann, a proponent of termination dates and short-term therapy, the setting of a termination date forces clients to confront their separation anxiety and to deal with a dependent nature. However, arbitrary termination dates are unbeneficial, unnecessary, and counterproductive in that they provide negative experiences in dealing with arbitrary authority and reinforce cultural prejudices against dependent feelings. To deal with difficulties produced by the arbitrary termination date, Mann excludes clients with strong dependent longings and discourages the client's arguments by taking an authoritative stance. Contrary to other beliefs, most clients gravitate toward short-term therapy, choosing to focus on and talk directly about their presenting problems. (BL)

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# IMPOSING A TERMINATION DATE: AN APPROACH BASED ON COUNTERDEPENDENCY

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CG 017195

Paper presented at the Annual Convention of the American Psychological Association, Anaheim, CA, August 26-30, 1983.

# IMPOSING A TERMINATION DATE: AN APPROACH BASED ON COUNTERDEPENDENCY [1]

Daniel B. Wile

The question at issue is why therapists resist short term therapy. I shall argue that therapists may have at least one understandable reason for doing so. A major force in the current interest in short term therapy is the work of Mann (1973, 1981), Mann & Goldman (1982), Sifneos (1972, 1979, 1981), Davanloo (1978, 1980), and Malan (1963, 1976, 1980). These therapists force an inherently long term therapy - psychoanalysis - into a short term mold. Two of the modifications they make in psychoanalytic technique - focusing the therapy and employing an interactive style - seem to me to be significant improvements and to make short term therapy possible. Sifneos and Davanloo go beyond this, however. They attack clients' defenses, and in a manner that many therapists may find theoretically objectionable. If this is what short term therapy requires, some therapists may in effect say to themselves, then maybe we'd better stick to long term therapy.

Mann produces an effective short term therapy by engagement and focusing alone and without attacking clients' defenses. There is

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1. Presented at the symposium, "Therapists' Resistance to Planned Short-Term therapy," at the 91st Annual Convention of the American Psychological Association at Anaheim, CA, August 1983.

one element of his approach, however, that, I believe, distracts attention from the contribution he has made and may make therapists hesitant to follow his lead: his arbitrarily setting a termination date.

I am not against imposing a termination date for practical reasons, such as limited clinic time. This seems to me perfectly justifiable. My objection is only to imposing a termination date for the supposed benefit of clients, because therapists thinks it would be good for them.

Why does Mann believe it helps patients to have the therapist set a termination date? Mann sees separation-individuation as the core psychopathological problem. Setting a time limit, he says, forces patients to confront the separation anxiety that is a critical element of everyone's problems and cannot directly be dealt with as long as patients believe that they have unlimited sessions ahead. Fred Pine (1979), a major collaborator of Mahler, objects to such use of the concept of separation-individuation. "All too often," Pine writes, "people speak of any separation as though it can simply be renamed separation-individuation...the termination of analysis does not generally reactivate the separation-individuation process just because it represents a separation" (p. 230).

Mann appears to view people as being at some level essentially dependent. Setting a time-limit, Mann (1981, pp. 31-32) writes,

challenges the patient's unconscious fantasy that treatment will bring with it fulfillment of regressive, infantile, dependent wishes. If certain patients are given half a chance, Mann appears to think, they will make themselves "so dependent on their relationship with their therapist as to forestall any possibility for a foreseeable termination" (1973, p. x).

I believe that Mann may be holding patients responsible for problems produced by psychoanalytic technique. The whole point of classical analysis is for patients to forget their presenting complaints and conscious concerns and, instead, to free associate and form regressive transference relationships. Patients are thus trained to talk randomly about their feelings, to take on faith that this will lead to something useful, and not to engage their therapists in direct conversations about where the therapy is going. The major group of clients in my practice who engage in a drifting, inconclusive therapeutic interaction are those who have previously been in some form of psychoanalysis. They immediately begin talking about their feelings, dreams, and childhoods without saying anything about the problems that brought them to therapy.

I believe that Mann's new technique is an overreaction and overcorrection to drawbacks of classical psychoanalysis. Mann sees patients with their unconscious dependent longings as naturally gravitating toward long term therapy. Something fairly

radical has to be done, he appears to believe, to prevent this from happening. Thus, the imposition of a termination date. Sifneos and Davanloo appear to agree that something fairly radical has to be done. Thus they attack patients' defenses. My own view is that most clients naturally gravitate toward short term therapy and that it may take something fairly radical - such as ignoring their stated definitions of their problems and refusing to engage in dialogue - to bring about long term therapy. All that is generally necessary to avoid long term therapy, I suggest, is to do what most clients want to do anyway - focus on and talk directly about the problems that have brought them to therapy. Whatever fantasies that patients may have about unlimited time and magical cures, I would argue, are relatively weak and unstable unless these fantasies are promoted and locked in by the therapist's particular methods.

Imposing a termination date has the disadvantage, furthermore, of placing the therapist in the role of an irrational authority. I shall show this in Florence Kaslow's (1981) time-limited couples therapy groups and then return to a discussion of Mann's work. Kaslow tells the couples at the onset that the group is going to meet in weekly sessions for three months. She picked the time span of three months because this fits her rhythm for completion of the task (p. 518). "Since many of these patients have little basic trust," Kaslow (p. 518) writes, "ostensibly their parents or surrogate caretakers did not keep promises or

mean what they said, it is important that they now experience consistency and dependability within the group."

"Usually two to three weeks before the group is scheduled to terminate one member will ask that the ending date be changed and others echo this request" (p. 521). Kaslow gives an example.

Ted, a member of the group, says, "You know, I've gotten so much out of this - I feel stronger, more sure of myself and less apt to let Irene pick on me. But I'm far from finished. Can't we add on a few more sessions?"

Betty, another group member, then says, "We can't believe how much we look forward to coming each week. People really listen to us here and we've learned to hear each other. I've even arranged to go back to college next month - after years of procrastination about fulfilling my own ambitions. But, we're nowhere near ready to go it alone" (p. 521).

Dr. R., the male therapist, is the first to speak. He states that you cannot always postpone things and gives the example of a Shakespeare course. "You haven't learned everything about Shakespeare when the last day of class rolls around," he says. "But you can't postpone the end of the semester." He does not explain, however, why a couples group, which does not have to fit its schedule into a superordinate organization such as a university, should have to have a prescribed time limit (a

semester). Dr. R. goes on to argue that a period is necessary to consolidate therapeutic gains. He does not explain, however, why group members should have to have such a period if they do not want one. How can Dr. R. be so sure that a consolidation period would be useful at this time and, even if it would be, why does he think that such consolidation could not occur, and even more effectively, while continuing the group. Finally, Dr. R indicates that personal growth is never really finished and that you have to end therapy sometime. He does not say, however, why that time has to be now. As Kaslow herself said, the selection of a three month time period for the group was arbitrary; it was based on her own rhythm for the completion of a task.

Betty responds to Dr. R's explanation by saying: "I'm confused. You've been instilling in us the importance of flexibility and exploring options. Now you're being super-rigid. I can't help wondering if you care about us as much as you have conveyed."

The female therapist, Dr. K, comes in at this point. She takes advantage of Betty's dependent and complaining tone to sidestep Betty and Ted's main point, which is: since we've gotten so much from these sessions, why not extend them so that we can get even more. Dr. K appears to see this argument as a rationalization. The <u>real reason</u> that Betty, Ted, and the others wish to extend therapy, Dr. K assumes, is separation anxiety and fear of

rejection.

Dr. K says: "I hear how painful the prospect of the group ending and our separating is. Leaving something that's a worthwhile experience or people who have become important to us is never easy. But, we are convinced that it's important for you to experience a successful closure and termination at the time set - so that you feel deep down how glorious completion and planned for separation can be. We are not 'rejecting' you - we'll miss you too! Quite the contrary, we see you as ready to graduate and move on to the next phase of your life. It's revitalizing to complete what one has agreed to on schedule and then have one's thoughts and energy free for the next challenge, relationship, etc. All the doors do not have to be left ajar - just in case."

Dr. K is trying to convince members who want to extend the group that ending at the appointed time is good for them. In her effort to do this, she adopts an inspirational tone. How glorious completion and planned for separation can be, she says, and how revitalizing it is to complete what one has agreed to on schedule. She is trying to talk them into feelings, however, that they, or at least Ted and Betty, apparently are not having. How being forced to end a group before one wants to will lead to feelings of glorious completion and revitalization is difficult to imagine. What she may be doing instead is convincing them

that they should be having these feelings and that there is something wrong with them for not having them.

Drs. R and K hoped to provide the group members with a clean and healthy separation experience. What they may be providing instead is an experience with authorities who apply arbitrary and bureaucratic rules. The therapists' conviction that the real issues are separation anxiety and, to quote Kaslow (p. 522), "omnipotent expectation [by group members] of unlimited time and gratification" leads these therapists to dismiss as superficial or irrelevant what I see as the totally understandable and common sense desires of members to continue an activity that they find beneficial and enjoyable.

More serious than the simple inconvenience of having to discontinue a useful activity is the message with which the members come away. The cultural value placed on assertiveness and independence leads people to worry about being too dependent and needy, relying too much on others, being unable to stand on their own two feet, and using people and institutions (such as therapy) as "crutches." Drs. R and K's comments may have the effect of engaging and intensifying these culturally based concerns. Dr. K said that "All the doors do not have to be left ajar, just in case." The members may come away from the group feeling that they are being overly dependent for wanting to keep the door ajar and for wanting to continue the group. They may

feel, in addition, that there is something wrong with them for feeling rejected when they have been told that they are not being rejected.

How does Mann deal with the difficulties produced by his arbitrarily imposing a termination date? First, he excludes types of patients, such as those having strong dependent longings or narcissistic disorders, who he believes are unlikely to be willing to comply with such limitations (Mann & Goldman, 1983, pp. 55-62). Second, in some cases the issue does not arise. Certain of the patients do not want to continue past the twelve sessions or are unable to see him longer because they are leaving the area. The patient whose case description constituted the major part of his 1973 book seemed quite happy to end therapy at the appointed time, and in fact gave indications that she might have wanted to terminate even earlier.

Third, Mann discourages patient argument about the termination date by adopting a confident, authoritative stance. Mann (1973) takes advantage of what he describes as the "time-honored role of the physician" to tell patients what their problems are and exactly how long will be required for the treatment (p. 23). If the patient questions whether his or her problems can be resolved in such a short amount of time - the twelve sessions that Mann prescribes - Mann's answer is a "quiet and genuinely confident 'yes' " (p. 21). "That's all you need" (p. 22), Mann said to one

such patient who expressed this concern.

What makes Mann's and Kaslow's imposition of a termination date particularly unfortunate is that they are so effective in helping their patients. Mann's (Mann & Goldman, 1982, pp. 131-165) account of the therapeutic interaction between himself and a 54 year old black woman was particularly touching. He helped her to feel justified in making complaints, standing up for her rights, and being angry. Her wish to have more sessions with a therapist who had helped her so much - she had finally found someone from whom she could get something - seemed to me completely reasonable. I see Mann as trapped by his theory. His conviction that a preestablished termination date was important to have, and to keep, even though both patient and therapist might want to continue the therapy, led him to enact with this woman the kind of interaction from which he was trying to rescue her. Mann's explanation to her about why they had to stop was that they had accomplished what needed to be done. Instead of challenging this - telling Mann, for example, that she did not think that they had yet fully accomplished what needed to be done - this woman did what she had done throughout her life. She complied. I see this as an unfortunate end to an otherwise splendidly conducted therapy.

In conclusion, arbitrarily setting a termination date is unnecessary and counterproductive. While therapists who do so

may believe they are providing clients a positive experience of dealing with people who keep their word, these therapists may actually be giving these individuals the negative experience of dealing with arbitrary authorities. While these therapists may think they are providing clients with a healthy separation experience, they may instead be reinforcing cultural prejudices against dependent feelings from which these clients, since they are members of this culture, are probably already suffering.

Setting an arbitrary termination date, in addition to another element not discussed here - attacking patients' defenses -, is a characteristic of certain psychoanalytic approaches to short term therapy that some therapists may find objectionable and may lead these therapists to dismiss the possibility of a short term orientation. This is unfortunate because two other elements of these approaches - focusing the therapy and employing an interactive style - are useful modifications of psychoanalytic technique and, in my opinion, are sufficient to produce a viable short term therapy.

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